
State:	District of Columbia	Filing Company:	The Prudential Insurance Company of America
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Voluntary Accident		
Project Name/Number:	Voluntary Accident/Voluntary Accident		

Filing at a Glance

Company:	The Prudential Insurance Company of America
Product Name:	Voluntary Accident
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	12/16/2019
SERFF Tr Num:	PRUD-132191153
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	GRIN-83500 END CERT 5009-SS-DC

Implementation	
Date Requested:	
Author(s):	Stacee Smith, Barbara Nagy, Sheree Denson
Reviewer(s):	Colin Johnson (primary), RaShaunda Benson
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia **Filing Company:** The Prudential Insurance Company of America
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General Information

Project Name: Voluntary Accident Status of Filing in Domicile:
Project Number: Voluntary Accident Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association, Discretionary, Explanation for Other Group Market Type: Credit Union, Labor
Trust, Other Union
Overall Rate Impact: Filing Status Changed: 12/17/2019
State Status Changed:
Deemer Date: Created By: Stacey Smith
Submitted By: Stacey Smith Corresponding Filing Tracking Number:

Filing Description:

We submit, for filing, the group insurance forms listed below. These are new forms and are not intended to replace any previously filed forms. The variable material in these forms have been indicated by brackets and is subject to change as described in the applicable Explanations of Variable Language.

Form Number	Description
83500 END CERT 5009	Certificate Endorsement

Description of Filing. The forms in this filing are for use with Prudential's group voluntary accident product. This is a "treatment based" accident product, which pays benefits for covered diagnoses and/or treatments directly related to accidental injuries. Benefits are provided on a fixed indemnity basis with each covered loss varies by the type of loss and depends on the coverage amounts selected by the employer.

Based on employer selection, benefits are payable for accidental losses such as fractures, dislocations, burns, loss of life, and other covered accidents. Coverage is available to employees/members of employer/association groups, as well as to the spouses and dependent children of covered employees/members. Premium payments are made by the employer, employee/members, or a combination of both.

Intended Use. These forms may be used with our 83500 series of forms and any other appropriate group insurance forms on file with the Department.

This form filing was originally approved under SERF#PRUD-131660463 on December 5, 2019. We are submitting an endorsement to this filing to add an additional benefit definition for "Ambulance (Ground)".

If there are any questions regarding this filing, please feel free to call Stacey Smith at 973-548-3474.

Company and Contact

Filing Contact Information

Joanne Spruill, Director joanne.spruill@prudential.com
80 Livingston Ave 973-548-6196 [Phone]
Roseland, NJ 07068

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Filing Company Information

The Prudential Insurance
Company of America
751 Broad Street
Newark, NJ 07102-3777
(973) 802-6000 ext. [Phone]

CoCode: 68241
Group Code: 304
Group Name:
FEIN Number: 22-1211670

State of Domicile: New Jersey
Company Type: Life
State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Form Schedule

Lead Form Number: 83500 END CERT 5009

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Certificate Endorsement	83500 END CERT 5009	CERA	Initial			83500 END CERT 5009 with EVL.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

CERTIFICATE ENDORSEMENT TO GROUP CONTRACT

Group Contract No.: [12345]

Effective Date: [January 1, 20XX]

This certificate endorsement is attached to and made part of the Group Contract.

Your Group Insurance Certificate is changed as follows:

- The following definition is being added to the General Definitions form:

¹**[Ambulance Benefit (Ground):** Prudential will pay the benefit shown in the Schedule of Benefits section if a licensed professional Ambulance service is required to transport any Covered Person by ground to or from a Hospital or between medical facilities where treatment is received due to an accidental injury.

The Ambulance transportation must be within <14 - 180> days of the Accident.

Prudential will pay this benefit <1 – 6> times per Accident, Covered Injury and a maximum of <1 – 12> times per Covered Person, per calendar year.]

All other provisions in your Group Insurance Certificate remain unchanged.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

²**[Margaret M. Foran**
Secretary]

The Prudential Insurance Company of America
Explanation of Variable Language for
83500 END CERT 5009

There are two types of variable material set forth in brackets within this form. These types are:

- A. Illustrative material; and
- B. Specific variable material.

Illustrative material consists of any entries such as numbers, dates, times and names which may be varied.

The term “you”, “person”, “Covered Person” or “Employee” may be used interchangeably or may be replaced by the term “Participant”, “Member” or “Associate”.

The term “Dependent”, “Spouse”, “Domestic Partner” or “Child” may be deleted or modified to reflect only the applicable dependents, and titles/headings may be modified to reflect how the coverage may be issued. It may be issued as employee only; Spouse only; Spouse and Domestic Partner only; Spouse and children; Spouse, Domestic Partner and children; children only; other dependents.

The bracketed references will be appropriately modified to reflect grammatical form.

Specific variable material is noted by margin notes. Specific variable material will be changed only as indicated in the marginal note explanations shown below. But, illustrative material that appears within specific variable material may be varied as described above.

Marginal Notes

- 1. This item may be deleted.
- 2. This item may be revised to reflect Prudential’s organizational structure.